

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1-16-04.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99212 and 99213 billed for dates of service 9-24-03 to 10-29-03 and denied as global and CPT code 95999-WP billed for date of service 10-9-03 and denied as "F". CPT code 99212 billed for dates of service 10-9-03 and 10-13-03 and CPT code 99213 billed for dates of service 10-7-03 and 10-14-03 had no EOB and will be reviewed per Rule 134.202 (b) and (c) (1).

II. RATIONALE

Requestor's position statement dated ____ states in part, "...All of the disputed services are as listed on the Table of Disputed Services and have been presented twice to the carrier for reimbursement consideration. There is not an issue of compensability in this case. This is a fee dispute. The denials relate to global reasons. Our position to the carrier has been addressed in multiple correspondences..."

Respondent's position statement dated 2-3-04 states in part, "...After 8-1-03 a manipulation is billed separately from the office visit and both the manipulation and the office visit must each meet Medicare Criteria to be reimbursable. [Requestor] has billed an office visit with every chiropractic treatment at a frequency of three to four times a week. An office visit, to be reimbursable, must demonstrate a significant change in condition...In this case, three or four office visits a week are not medically necessary and there is no documentation of a significant change, especially when manipulations is being done and the provider is being reimbursed for the manipulation. [Respondent] reimbursed one office visit per week... [Requestor] billed for 20 office visits in a 35 day period. Services for the dates in dispute do not meet the standards of CPT codes 99212 and 99213 to be considered for reimbursement..." Respondent's supplemental position statement dated 2-18-04 states in part, "I stated that [Requestor] is billing a manipulation and an office visit on the same date. This should read that [Requestor] is billing physical therapy and an office visit together on each day they saw [injured worker]..."

The carrier raised medical necessity in their response. Per Rule 133.307(j)(2), the carrier's response shall not address new or additional denial reasons or defenses after the filing of a request. Any new denial reasons or defenses raised shall not be considered in this review.

Per the Correct Coding Initiative (CCI) edits, office visits are not global to any other service. Therefore, this review will be per Rule 134.202 (b) and (c) (1).

- CPT code 99212 – Per the Medicare Fee Schedule, recommend reimbursement of \$37.78 x 125% = \$47.22 x 9 days = \$424.98.

- CPT code 99213 – Per the Medicare Fee Schedule, recommend reimbursement of \$52.95 x 125% = \$66.18 x 9 days = \$595.62.

CPT code 95999-WP billed on date of service 10-9-03 was denied as “F - documentation does not justify level of service.” Medical records support a “Sensory Nerve Conduction Threshold (CPT) Test” with report. Per Rule 134.202 (c) (6) which states in part, “for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decision, and values assigned for services involving similar work and resource commitments.” The requestor did not submit convincing evidence to support amount billed for 95999-WP. Therefore, no reimbursement recommended.

III. DECISION AND ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes 99212 and 99213 in the amount of \$1,020.60. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$1,020.60 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision, and Order are hereby issued this 11th day of August 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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